

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042560

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38349

Primary Registration District No. 5655

Registrar's No. 198

FILED JAN 10 1963

VS 300
Rev. 4/59

1 0550
2 0550
3
4 0
5 1
6
7 0
8 2
9 4200
10
11
12 90-0
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MT. VERNON		Length of stay in 1b 20yr	c. CITY OR TOWN MT. VERNON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOEL Middle LEON Last HADEN		4. DATE OF DEATH Month DEC. Day 29 Year 62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 4, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 56 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) GALLOWAY MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CHARLES D. HADEN		13b. MOTHER'S MAIDEN NAME TILEA WHITSETT	
14. NAME OF HUSBAND OR WIFE PEARL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT PEARL Haden Address RT. 1 MT. VERNON	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 10 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 30 min.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 10:15p Month, Day, Year 12-9-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION MT. VERNON		COUNTY MISSOURI STATE MISSOURI	
21. I attended the deceased from 12-9-62 to 12-22-62 and last saw her alive on 12-22-62 . Death occurred at 10:15p on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. Richard Webb M.D.		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED 1-4-63		23. LOCATION (City, town, or county) (State) MT. VERNON, MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 1, 63	
23c. NAME OF CEMETERY OR CREMATORY SUMMIT CEMETERY		23d. LOCATION (City, town, or county) (State) MT. VERNON, MISSOURI	
24. FUNERAL DIRECTOR SMITH FUNERAL HOME MT. VERNON		25. DATE RECD. BY LOCAL REG. 1-5-63	
26. REGISTRAR'S SIGNATURE [Signature]		27. REGISTRAR'S SIGNATURE [Signature]	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald N. Smith

Licensed Embalmer No. 5209

P. O. Address Wt Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.